

friend's diagnosis or disease symptoms. Data comes from the baseline (April/May 2020), one-month, and two-month follow-up surveys from the COVID-19 Coping Study, a national longitudinal cohort study of US adults aged  $\geq 55$ . We used linear regression models to investigate the association between self-reported familial/friend diagnosis or symptoms with pandemic worry, accounting for demographic factors and individual diagnosis or experience of COVID-19 symptoms. Participants (Baseline=4379, 1 month= 2553, 2 month=2682) were 67 years old on average, 72% were female, 5.7% were non-White, and 80.5% had a college degree. At baseline, 26.6% of participants had friends or family who had been diagnosed or experienced symptoms of COVID-19. Having friends or family diagnosed or with symptoms of COVID-19 ( $B=0.08$ ,  $SE=0.04$ ,  $p<.05$ ), being female ( $B=0.42$ ,  $SE=0.03$ ,  $p<.001$ ), and having higher educational attainment ( $B=0.06$ ,  $SE=0.02$ ,  $p<.001$ ) were significantly associated with greater worry about COVID-19. These associations were consistent over 3 months. Understanding if worry about the pandemic correlates with following public health guidelines is a key next step so intervention strategies can prioritize older adults and their social networks.

#### PREVALENCE OF SOCIAL ISOLATION BEFORE AND DURING THE COVID-19 PANDEMIC: A NATIONWIDE WEB-BASED SURVEY IN JAPAN

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The coronavirus disease 2019 (COVID-19) pandemic is assumed to have increased the number of socially isolated older adults. Public health researchers and policymakers are concerned about the deleterious effects of social isolation on individuals' health. However, there is only limited evidence on the prevalence of social isolation. This study investigated the change in prevalence of social isolation caused by the spread of COVID-19 and examined various associated factors. Accordingly, data from the JACSIS study, a nationwide cross-sectional web-based questionnaire survey ( $N=28,000$ , age: 15–79 years) conducted in August–September 2020 (during the pandemic) were analyzed. The respondents who contacted family members, friends, or neighbors less than once a week were considered socially isolated. We examined individuals' frequencies of contact, including meeting in person, e-mail/text message, voice call, and video call, in January (before the pandemic; recall question) and August 2020. The weighted prevalence values of social isolation were 26.8% (26.0%–27.5%) in men and 15.8% (15.1%–16.4%) in women before the pandemic and increased to 34.4% (33.6%–35.2%) and 21.4% (20.7%–22.1%), respectively, during the pandemic. Further, compared to the younger age group, the increase in prevalence during the pandemic was greater for the older age group for both genders. Multinomial logistic regression analysis revealed that those who came to be socially isolated during the pandemic possessed a greater fear of COVID-19 than those who were not continuously socially isolated. These findings suggest the necessity of developing immediate measures for social isolation and risk communication regarding COVID-19.

#### SOCIAL ISOLATION IN OLDER WOMEN DURING THE COVID-19 PANDEMIC: THE IMPACT ON QUALITY OF LIFE AND MENTAL HEALTH

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To mitigate the spread of COVID-19, countries worldwide enacted quarantines, particularly for older adults, as mortality from COVID-19 is inequitably distributed among this group. Notably, social isolation in older adults is associated with a heightened risk of cardiovascular, autoimmune, and mental health problems (e.g., depression, anxiety). Furthermore, the mental health of women in particular has been greatly impacted by the pandemic. Although previous research indicates that social isolation among older adults is a "serious public health concern", less is known about the extent to which the COVID-19 pandemic has exacerbated this issue. The primary objective is to investigate the effects of social isolation on mental health indices and health-related quality of life (HRQOL) in older women in the context of the COVID-19 pandemic. Participants include 77 postmenopausal women (aged 60+) who completed self-report measures online during the COVID-19 pandemic. Controlling for education and annual household income in all analyses, we used linear regression models to investigate the effects of social isolation on depression, anxiety, alcohol use, binge eating, and the 8 domains of the SF-36. Results indicate that, when controlling for education and income, social isolation significantly predicted depression, binge eating, and poorer HRQOL in all 8 domains of the SF-36 (all  $p's < .01$ ). Social isolation did not predict anxiety and alcohol consumption when controlling for these sociodemographic variables. Enrollment is ongoing; this poster will report updated results. Results indicate the continued need for creative avenues to improve social connectedness during the COVID-19 pandemic.

#### SOCIAL SUPPORT IS ASSOCIATED WITH BETTER HEALTH IN THE FACE OF COVID-19

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The COVID-19 pandemic has the potential to influence the health of the nation, both directly and indirectly, though increased stress. As with other stressful crises, social support may buffer against the deleterious effects of the stress surrounding COVID-19 (Cohen & Wills, 1985). We were interested in how self-reported health changed during the first year of the COVID-19 pandemic in the United States and whether age or positive social exchanges influenced this potential change. We tested a latent growth curve model of change in SF12 scores over 4 points of measurement during the first year of the pandemic. Data from 237 adults (Mean age 40.7 yrs) were used to test whether SF12 scores changed over the 11 month period and whether age and initial positive social exchanges influenced both the intercept and trajectory